

Emergency Financial Assistance (EFA) Standards of Care

Definition:

Support for Emergency Financial Assistance (EFA) for essential services including utilities, housing, food (including groceries and food vouchers), or prescriptions provided to clients with limited frequency and for a limited period of time. The intent of these funds are to support a client for a short duration.

Limitations:

Direct cash payments to clients are not permitted

No funds may be used for any expenses associated with the ownership or maintenance of a privately owned motor vehicle.

Services:

Ryan White HIV/AIDS/State Services funds may be used to provide services in the following categories:

1. ADAP eligibility determination period
2. Dispensing fee for ADAP medications
3. Emergency Financial Assistance

EFA can be used during the ADAP eligibility determination period. Initial medications purchased for this use is not subject to the \$800/client/year cap.

EFA can be used to reimburse dispensing fees associated with purchased medications. Dispensing fees are not subject to the \$800/client/year cap.

EFA is an allowable support service with an \$800/year/client cap.

- The agency must set priorities, delineate and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary.
- Limitations on the provision of emergency assistance to eligible individuals/households should be delineated and consistently applied to all clients. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of Emergency Financial Assistance funding for these purposes will be the payer-of-last-resort, and for limited amounts, limited use and limited periods of time.

Emergency Financial Assistance provides funding through:

- Short-term payments to agencies
- Establishment of voucher programs

Emergency Financial Assistance to individual clients is provided with limited frequency and for a limited period of time, with specified frequency and duration of assistance. Financial hardship must be documented each time funds are used.

- Assistance is provided only for the following essential services/subcategories:
 - Utilities such as household utilities including gas, electricity, propane, water, and all required fees
 - Housing such as rent, mortgage payment, or temporary shelter. EFA can only be used if HOPWA assistance isn't available
 - Food such as groceries and food vouchers
 - Prescription assistance such as short term, one time assistance for any medication and associated dispensing fees as a result or component of a primary medical visit (30-day supply) and the cost of corrective prescription eye wear

Agency Standards

Agency Standard	Expected Practice
Payment Methodologies Agency will establish payment method to include either direct payment to service providers/agencies or through a voucher program per HRSA National Monitoring Standards	Emergency Financial Assistance payment will be made out to the appropriate vendor for the exact amount listed on the bill. Payment will be made directly to the service provider/agency or if authorization is obtained, for pick up by the client or agency staff. No payment shall be made directly to clients, family or household members.
EFA Subcategories The grantee must set priorities, delineate and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory according to HRSA National Monitoring Standards.	Assistance can be provided for the following essential services/subcategories: <ul style="list-style-type: none">• Utilities• Housing• Food (including groceries and food vouchers)• Prescription assistance Administrative Agencies must prioritize and delineate a portion of the overall allocation for Emergency Financial Assistance in one or more of the above categories.

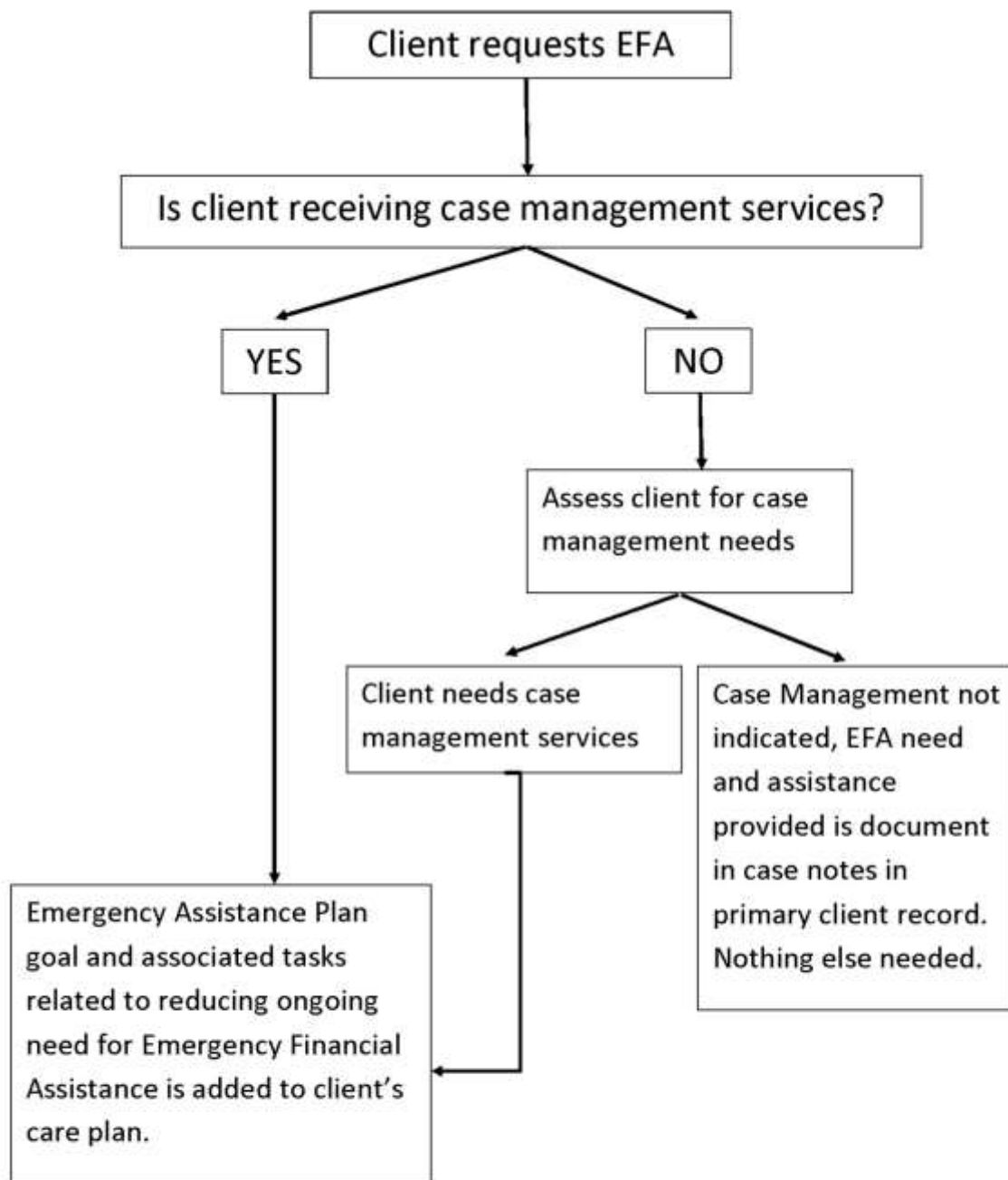
	<p>Reallocations must be updated in ARIES if funds move between subcategories.</p>
<p>Payment Limitations Grantee will develop standard limitations on the provision of emergency assistance to eligible individuals/households and mandate their consistent application by all contractors in accordance with HRSA Monitoring Standards.</p>	<p>Agency may assist each unduplicated client up to \$800 per year per region.</p> <p>These limits will be applied consistently throughout the state.</p> <p>The Administrative Agency may set additional limitations on type of services covered within each subcategory.</p>
<p>Payer of Last Resort</p>	<p>The AA must establish or adopt the DSHS Payer of Last Resort policy for agencies in their region.</p> <p>Agencies providing EFA medications must develop policies and procedures to pursue all feasible alternative revenues systems (e.g., pharmaceutical company patient assistance programs) before requesting reimbursement through EFA.</p>
<p>Dispensing Fee</p>	<p>Agency may reimburse the pharmacy a minimal dispensing fee per prescriptions as outlined in a MOU.</p>
<p>Client confidentiality Maintained in accordance with DSHS HIV/STD Program Operating Procedures and Standards.</p>	<p>Agency has a procedure to protect client confidentiality when making payments for assistance, (e.g., checks that do not identify the agency as an HIV/AIDS agency).</p>

Standards of Care

Purchasing Medications during ADAP application period	<p>No more than a 30 day supply of medication on the ADAP formulary can be purchased at a time for each client. If more than 30 days is needed, the medication can be refilled for another 30 days.</p> <p>-If the ADAP denied the coverage, the agency staff should work with the client and the client's attending physician to find alternate funding sources which may include manufacturer's compassionate programs, religious groups, or other community resources.</p>
Client Eligibility for Emergency Financial Assistance	<p>Applicants must demonstrate that an unexpected hardship has left them seriously short of money so that they cannot pay their utility bills or prescriptions without assistance and risk disconnection of service due to one or more of the following:</p> <ul style="list-style-type: none"> -A significant increase in bills -A recent decrease in income -High unexpected expenses on essential items -The cost of their shelter is more than 30% of the household income -The cost of their utility consumption is more than 10% of the household income -They are unable to provide for basic needs and shelter -A failure to provide emergency financial assistance will result in danger to the physical health of client or dependent children -Other emergency needs as deemed appropriate by the agency <p>Client will be assessed for ongoing status and outcome of the emergency assistance (see attached flowchart).</p> <ul style="list-style-type: none"> -An EFA request should trigger a brief needs assessment for case management services. This Needs Assessment should not be time intensive, but should determine client's current status and need for case management services. -Clients who do NOT need case management services do NOT need a care plan related to EFA. -An Emergency Assistance Plan will be developed for clients who need case management services <ul style="list-style-type: none"> • The goal of this plan is to reduce the need for emergency assistance.

Emergency Financial Assistance Provided Determined in accordance with HRSA National Monitoring Standards	<p>Short-term assistance will only be provided for:</p> <ul style="list-style-type: none"> -Utilities -Housing -Food (groceries and food vouchers) -Prescription assistance <p>All completed requests for assistance shall be approved or denied within three (3) business days.</p> <p>Assistance shall be issued in response to an essential need (as identified by the staff person providing EFA) within three (3) business days of approval of request.</p> <p>Payment for assistance made to service providers will protect client confidentiality.</p> <ul style="list-style-type: none"> -Check and/or envelope sent to service provider will not identify an agency solely service HIV clients.
Agency Documentation Providers/agencies are required to record and track use of EFA funds under each sub category as required by the Ryan White Services Report (RSR) in accordance with the HRSA National Monitoring Standards	<p>Each agency will track and report type of assistance.</p> <p>Emergency funds will be tracked and reported by :</p> <ul style="list-style-type: none"> -Number of clients receiving assistance during ADAP eligibility determination period -Number of clients receiving dispensing fee assistance -Number of clients and amount expended for each type of EFA <ul style="list-style-type: none"> • Summary of number of EFA services received by client • Methods used to provide EFA (e.g., payments to agencies, vouchers)
Client Documentation	<p>Client's case file will contain the following documentation:</p> <ul style="list-style-type: none"> -Assistance given during the ADAP eligibility determination period -Assistance given for ADAP medication dispensing fees -Assistance given for emergency financial assistance <ul style="list-style-type: none"> • Eligibility criteria • Assessment of need for emergency • Date EFA was provided

	<ul style="list-style-type: none"> • Amount paid and method of payment (direct payment or voucher) • Ongoing assessment by agency staff of the outcome of the emergency assistance • Status/resolution of the emergency • Any referrals made and the results of those referrals <p>Documentation in the client's primary record must include the attempts made to access client assistance programs with pharmaceutical companies, private or public insurance programs the client may have and other community resources.</p>
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References

HRSA/HAB Division of Service Systems Program Monitoring Standards – Part A April, 2013, page 29-30.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April, 2013, page 29-30.

HRSA Policy Notice 10-02. Eligible Individuals & Allowable Uses of Funds for Discretely Defined Categories of Services, April 2010 located at:
<http://hab.hrsa.gov/manageyourgrant/pinspals/eligible1002.html>

Texas Department of State Health Services HIV/STD Program Policies. Payer of Last Resort (Policy 590.001). Located at <http://www.dshs.state.tx.us/hivstd/policy/policies.shtm>